

The Politics of Care: A Critical Analysis of Arogya Niketan

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Abstract: Literature plays a significant role in understanding the experience of illness and promotes an understanding of the lived reality. The lived reality is often miscommunicated and misinterpreted as the doctor is expected to possess all knowledge of illness that the patient undergoes. Moreover, the doctor hardly acknowledges the limitation to treat completely when illness is life threatening and carry the burden of saving, when extending and providing quality is the only possibility. The use of medical terminologies by doctors creates a gap between the doctor-patient relationship, as the affected feels a void between the people around. The void can be palpable when articulated effectively and the world of sickness is not misguided by assumptions and misconceptions like social stigmas and stereotypes on illness. *Arogya Niketan* by Tarasankar Banerjee explores human health, suffering and death in close quarters. The story revolves around the doctor, Jiban Moshay, who unravels an ailment and predict the longevity of the person by checking the pulse of the patient which is illogical. The conflict between Jiban Moshay and Pradyut alludes the treatment between ayurveda and allopathy and how ages before the southern perspective on holistic care of the patient, where medicine is not business but a means of vocation is installed. The gradual transition from holistic treatment to western concept of treating only the disease can be seen. The need for integrating human connection becomes a realization to Pradyut who witnesses the death of Moshay. The paper attempts to explore the entanglements in doctor-patient relationships by using the concept of Foucault's medical gaze. The concept of medical gaze seeks to establish how medical professionals objectify the 'patients' body' from the 'patient's person' The framework of critical medical humanities helps us to critically analyse the need for empathy, ethics in medical discourses and

the relevance of social justice. Additionally, the non-medical aspects like infallibility, intuition, beliefs are interrogated.

Keywords: *Critical medical humanities, Doctor-patient, Ethics in medicine, Medical gaze, Non-medical.*

People from many cultures have relied on various medical systems to treat their ailments from antiquity to the present. The principles of Yin and Yang and the movement of Qi through the body were followed in traditional Chinese medicine. Chinese medicine uses a variety of techniques, including Tui Na (massage), nutritional therapy, acupuncture, and medicines. Meanwhile, traditional Islamic medicine emphasized more preventive measures and focused on upholding a healthy lifestyle and balanced food. In a similar vein, natural treatments were also used in traditional African medicine to promote healing. While naturopathy relies on natural therapies like hydrotherapy, herbs, and lifestyle changes, homeopathy was founded in Germany and uses diluted medicines to enhance the body's inherent capacities. In India, the system of Ayurveda has been considered an ancient form of healing and concerns the overall health of the individual. Even though different cultures employ their own therapeutic modalities, western medicine seems to dominate across the globe due to its scientific approach. (“Traditional Medicine/Whole Systems”)

The novel *Arogya Niketan* speaks about the clash between western medicine and Ayurveda. Ayurveda lacks scientific evidence since it's based on intuition, and western medicine generalizes diseases through symptoms, which gives both methods a space to question. *Arogya Niketan* opens a room of discussion on what it is to be human while a person is being treated and how the patronizing role of the doctors and the submissive role of the patient remain hidden in the book. The impulse of critical medical humanities helps us discover the entanglements that exist between the doctor-patient relationship, like intuition, willpower, infallibility, and beliefs. These help one to delve deep into the realms of the patient and necessitate understanding the non-medical aspects, as they play a poignant role in the lives of the patient.

Arogya Niketan is considered to be one of the finest novels in world literature. The novel begins with a prologue where the establishment called *Arogya Niketan* is introduced. It

is claimed to be neither a 'hospital nor a charitable dispensary' but was set up by a family of three generations in Debipur who dedicated themselves to the service of humanity. The present state of Arogya Niketan is in a dilapidated condition. The conversation begins between an accountant, Thakurdas Mishra, and the founder of Arogya Niketan, Kabiraj Jagabandhu Mishra. What is the greatest gain in the world? Jagat bandhu quotes Yudhishtira's saying that 'Labhanang sreya arogyam, which simply means attaining good health is the greatest achievement. Whereas, Thakurdas criticizes Ayurveda as the cheapest means of making medicine and obtaining high returns, whether it saves the patient or not. Within a few days, Mishra falls ill and accepts Jagat Bandhu's statement. The novel then takes a transition to Jiban Moshay, son of Jagat Bandhu, and his way of treatment is narrated, where he is able to read the pulse and predict the outcome of the disease. His ability to understand the cause and nature of disease and decide if it's life-threatening. Moshay carries no inhibition in speaking openly to the patient if he or she has days counting ahead. Breaking news of death is not deliberate but sanctioned by pure necessity. The background of the novel is set in Bengal, and various instances where Moshay is able to cure the ailment and predict death are discussed. The novel also foregrounds how Ayurveda is one of the ancient practices of medicine and how it outlives allopathy, as it is depicted as more humane in its approach. The emergence of allopathy was definitely a backlash for Ayurveda. But Ayurveda holds its own position even with the test of time. The clash between Moshay and Pradyut and how Pradyut realizes that allopathy is limited in itself and embraces the ideals of Moshay become one of the underlying ideas in the novel. Even though many of Moshay's practices are unscientific and irrelevant. The gradual transition of Bengal post-independence from ayurveda to allopathy is briefly underlined. The impact of allopathy on the region and people's interest in following them is described. The two poles of allopathy are formed by Dr. Bhuban and Dr. Ranglal. Jiban Dutta initially chooses to follow the system of allopathy as it has already established a name and 'unfailing faith' from people, but due to the turn of events, he falls in love with Manjula and has to leave the place where he studied at Calcutta Medical College. Later on, we see Moshay join his father's school of thought and medicine, but his scientific bent of mind keeps fluctuating.

The novel also delves deep into Dr. Ranglal, who practiced allopathy. He hardly spoke of death to the patient, but if asked, he would say, 'Medicine can cure disease but cannot prevent death'. He used to get the cadavers from the burning ghats and rivers and learn anatomy by dissecting them. He was Professor of English at the Raj High English School and influence

on Jiban Dutta is alluring. An incident in which, under Ranglal's tutelage, Moshay is asked to dissect the cadavers but finds it difficult to do, and escapes the place is mentioned. The high sensitivity that Moshay holds towards dissecting the dead body is relatable, but at the same time, embracing only his intuitions for understanding illness and disease seems quite superficial. The story behind how death became blind, deaf, and dumb is beautifully depicted. The novel also explores how Jiban used to treat people right from the formative years to their present times and how he is closely associated with them. He is taken back into memory each time he meets his patient thus signifying the depth of the relation and relevance of connection. The novel beautifully weaves the rapport and friction between allopathy and ayurveda. Death, illness and relationship based on trust, grudge and competition is underlined.

“Yet, at the end of the day, it has been proven that Jiban Moshay was infallible. No, it was not Jiban Moshay, it was the diagnosis from pulse reading that was sure-fire” (Banerjee 32). The fictional world represents stark realities that represent how doctors are meant to have supreme knowledge of all kind of illness. When Jiban Moshay is considered to be infallible in his work it provides an extra pressure on him never to be prone to mistakes. Mistakes happen in every profession but in the medical field its price is huge since it's the life of the patient. On the contrary Jiban's reductionist way of presuming what the ill individual is going through highlights how inaccurate it can be to recognize an illness based only on pulse.

The conceptual framework of critical medical humanities helps us to understand the relevance of having conversations and interrogating the relevance of 'infallible' bestowed upon those caring for the sick. When doctors are expected to be infallible, they are put on a pedestal and are supposed to be always right in their treatment. This in turn puts them in an authoritarian position and the patient to be subject to their orders. “Language functions in various contexts to demonstrate the ways in which knowledge production serves particular political interests” (Cole, Carlin, and Carson 45). Doctors being infallible as a result puts patient as fallible. The invisible space between experience and knowledge reveals that “there is boundary, form, and meaning only if interrogation and examination are connected with each other, defining at the level of fundamental structures the 'meeting place' of doctor and patient” (Foucault 111).

Jiban Moshay recollects in the novel how he learnt the art of doctoring from his father. “When you enter his room, take a deep breath and try to feel the smell before you examine the patient. You will learn a lot about the ailment once your patient tells you about his discomforts.

After that you have to check the pulse, which is the most important thing to do. Then comes examination of his tongue or checking his stool. You will also have to touch his stomach, chest and diaphragm in the process of your examination but the first and the most major thing would be his pulse” (Banerjee 76). The seemingly human approach to treatment prioritizes what the doctor must take into account rather than what the patient desires. The need of the patient is not addressed, but the point of finding the disease and the duration to death matters. The focus is on observing the exterior of the patient, but the chances of error that can be speculated from such an observation do not seem to be important. Even though patients’ discomforts are addressed, the understanding of illness is only based on the pulse. It produces the sick as helpless and confines them to their illness. “The idea of a disease attacking life must be replaced by the much denser notion of *pathological life*. Morbid phenomena are to be understood on the basis of the same text of life, and not as a nosological essence: ‘Diseases have been regarded as a disorder; one has failed to see in them a series of phenomena all dependent upon one another, usually tending to a particular end: pathological life has been completely neglected” (Foucault 153). Hence, the gap between knowledge and invisible aspects of illness is foregrounded and, the way it operates in illness is addressed.

Critical medical humanities provide a democratic forum where marginalized experiences of illness are vindicated. The subjective experience of the patient, which remains hidden, becomes visible only when articulated. The pain and agony that each patient possesses is unique and requires effort from the doctor to understand them. When doctor tries to conceive the illness from his already existing knowledge, he/ she looks at the patient as an object to be studied rather than understood.” what is perceived directly cannot always be trusted – the most obvious example of this is that vision to the horizon tells us that the earth is flat, and we have no sense also that the earth is moving” (Bleakley 29). Alan Bleakley points out our bare senses may mistake the symptoms or cause of the symptoms since autopsy, ultrasound, etc. can help us find out those unattainable through our senses. But the need for sensibility and sensitivity affords something beyond cold diagnostic capability – that of warm human contact and development of embodied trust (Bleakley 29). Foucault argues that there is an abusive power structure that persists within doctor patient relationship. It is more often doctor-oriented than patient-oriented when it comes to the diagnosis of the patient. “The access of the medical gaze into the sick body was not the continuation of a movement of approach that had been

developing in a more or less regular fashion since the day when the first doctor cast his somewhat unskilled gaze from afar on the body of the first patient; it was the result of a recasting at the level of epistemic knowledge (*savoir*) itself, and not at the level of accumulated, refined, deepened, adjusted knowledge (*connaissances*).” (Foucault 137) Dr Rita Charon argues that she listens to the patient and tries to absorb them instead of plainly questioning them, she reframes herself and introduces them as their doctor and the necessity to open up their illness.

“The probable duration of suffering and sometimes also whether the ailment is fatal, requires a tremendous amount of skilful tackling. In fact, I would use the word 'understanding' instead of tackling. The feeling should come with you. It would be your sixth sense...” (Banerjee 76). The importance of intuition is enforced, but the chances of making mistakes while following them is not considered. Though Jiban’s father’s approach underscores the notion of understanding while treating the patient. It lacks the genuine concern of putting patients’ needs at the forefront. A detailed conversation with the patient is never a point of concern for the doctor. It is important for the doctor to make the patient comfortable and make him/her feel that they are not invalid but people who matter. As patients are in a state of powerlessness when he/she is affected with illness. Jerome Groopman vividly explores in the book *When Doctors Become Patients* how doctors miss diagnoses, and he offers many important cautions and suggestions. It also extends the vital question regarding how maintenance and support of life can simultaneously generate feelings of isolation and vulnerability in the patient. The foregrounding of affective entanglements reveals how power operates by managing life. “In this politics of care, the state is invested in life as an object and political strategy, and death becomes “the object of taboo” (Society Must Be Defended 247).

“He announced gravely that even if the old woman survived this span, she would surely die within the year. He even foretold that the day when she would surely die within the year. He even foretold that the day when she would breathe her last, she would feel a fresh pang of pain in her injured leg; as strong and fresh pang of pain as if she had just suffered a fail” (Banerjee 82). Jagat Moshay talks about his first experience of predicting death to his son. Foretelling the death of a patient seems to be one of the privileges Moshay has from other doctors. The privilege gives him the chance to put the patients under his control and make them

feel helpless and abandoned. “It should be taken into account that doctors and patients have different, and often conflicting, interests: doctors, to perform their duties of the professional in the medical workplace, seeking to earn a living and progress in their career; patients, to alleviate the physical pain or discomfort that is disrupting their lives” (Lupton 18).

“It comes from within, and whether you are blessed with this skill depends solely on your luck. If you are lucky enough to have been bestowed it and if you can hon your skills properly you too will understand the spirit of the treatment “(Banerjee 83). Jagat Moshay discusses with his son that it is sheer luck that can help the doctor, choose the best treatment. When luck is considered to be the predominant factor in determination of best treatment option, it shows how affective emotions tend to manipulate the notion of illness. Here, the perpetuation of uncertainty and management of risk becomes a tool for making some lives as disposable and appear fragile.

“It was true that medical science had made progress by leaps and bounds. He knew about the new medicines, and the new techniques like x ray. It clearly showed what the doctor diagnosed and it was very expensive” (Banerjee 86). Jiban Moshay's conflict between ayurveda and allopathy is seen throughout the novel. Initially when he went to learn medical science and had to skip the education because of humiliation and Manjeri. We see how doctors are determined to acknowledge their beliefs as ultimate reality rather than evolving from the preconceived notions. When a person undergoes treatment, they become a body, colonized by medicine and, for a time, their social context is lost (Frank 65). For Foucault, the medical encounter is a supreme example of surveillance, whereby the doctor investigates, questions, touches the exposed flesh of the patient, while the patient acquiesces, and confesses, with little knowledge of why the procedures are carried out (Lupton 37)

Jagat Moshay often referred to fate and God in the process of his treatment and diagnosis. There was a surreal aspect to his approach to being a doctor (Banerjee 42). Instead of questioning, when surreal aspects are an answer, job becomes easier for Jagat Moshay. When his medicines work on people, he believes it to be his talent, but when he fails, he attributes it to the name of fate and God. As Foucault suggests medical discourse puts the patient in a state of powerlessness by accusing him of fate and God.

Apparently, Moshay had brought him back from the jaws of death when he was a boy. The incident was nothing short of a miracle. He had many such phenomenal memories to support his reverence. (Banerjee 215) Moshay traverses across his memories each time a patient visits him. Miracle becomes a tool for him to objectify the patient in question, believing that the job of the doctor is only to save the patient; everything else lies secondary.

One of the faults of western medicine, it rarely acknowledges the patients subjective experience which has the influence of cultural, social, economic, and political factors. Foucault develops the concept of 'the medical gaze', describing how doctors modify the patient's story, fitting it into a biomedical paradigm, filtering out non-biomedical material. A 'gaze' is an act of selecting what we consider to be the relevant elements of the total data stream available to our senses. Doctors tend to select out the biomedical bits of the patients' problems and ignore the rest because it suits us best that way.

Medical gaze according to Foucault refers to reductionist thinking about disease by medical professionals. When the doctor hears the patient's problems, the mental gaze of the doctor bypasses the patient and he/she looks into the body of the patient and delves on the possible abnormality in tissues and organs. This gaze according to Foucault is institutional rather than individual because it is not the well-formed knowledge gathered from interaction through patients.

The paper tries to briefly analyse entanglements in the doctor-patient relationship. The entanglements include the non-medical aspects like infallibility thrust upon doctors like Jiban Moshay who believe that doctors are meant not to make mistakes. Mistakes are inevitable in the medical profession but acknowledging them is important. Doctors are often portrayed as someone who can be looked upon and this puts them under pressure to be always right and the person treated as 'inferior'. A patient's perspective on what he/she feels about his/her disease is important and needs to be addressed. Additionally, improving the patient's overall health depends on receiving holistic care which is followed by Jiban Moshay but it is important to question the promotion of pseudoscientific methods such as calculating a person's lifespan and diagnosing an illness based solely on their pulse. Technology and medical advancements have undoubtedly altered our understanding of how readily diseases like cancer can be cured if

detected early. When Moshay makes a diagnosis based solely on intuition, there is a risk that he will act foolishly and start to see the patient as an object. Luck is one of the factors that can limit the affected person. After receiving therapy, luck is frequently forced upon the patient to make them feel more or less worthy of being in the current situation. The patients who get Moshay's treatment, which emphasizes fate and God, come to believe that illness is predestined by God. It disregards the significance of understanding, therapy and personal fortitude required to tackle illness. Other factors that affect a person's control are willpower and miracle.

Foucault's concept of medical gaze is used to highlight how even in cases where doctors are compassionate and empathetic, patients ultimately become objects of care. The framework of critical medical humanities necessitates the importance of having conversations in making the world a better place to live in. The non-medical aspects are analysed in the theoretical framework of Foucault's medical gaze and the ways in which the patient becomes objectified is discussed through various instances from the text. Infallibility, luck, fate, God are some aspects critically examined.

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